

EJV CASE REVIEW MEMO

INTAKE DATE: _____ CLINIC: _____

NAME OF APPLICANT: _____

ATTORNEY NOTES

NAMES OF ALL PARTIES:

PLAIN/PET: _____ DEFEND/RESP: _____

OTHERS: _____ TYPE CASE: _____

NUMBER OF CHILDREN: _____ CHILD SUPPORT: \$ _____ AFDC: \$ _____

STATUTES OF LIMITATIONS/HEARING DATE/DEADLINES: _____

CASE NOTES:

ADVICE GIVEN: (Please be specific as to Advice
given)

RECOMMENDATION TO LANWT CASE REVIEW COMMITTEE

ACCEPT CASE: _____

ADVICE ONLY: _____

OVER INCOME: _____

REJECT CASE: _____

WOULD YOU BE WILLING TO ACCEPT THIS CASE PRO BONO? [] YES [] NO

SIGNATURE - VOLUNTEER ATTORNEY: _____

THIS APPLICANT RECEIVED ADVICE AS NOTED ABOVE. Attorney Initials: _____